



# JOB READY SERVICES

## YOUR STAMP OF APPROVAL FOR WORKPLACE FITNESS

June 2013 Issue



### ***Our Services:***

- Functional Capacity Evaluations
- Work Conditioning
- Job Analyses
- Fit for Duty Testing
- Employment Testing

## IS THIS GUY FOR REAL?

There are many of us who have dealt with an injured worker that just doesn't seem to get better, despite extensive interventions, and continues to report high levels of pain without objective evidence of an organic cause. You can spend 5 minutes with this person and say to yourself, "Is this guy for real?"

Patients with chronic pain often have subjective complaints out of proportion to objective findings, with persistent reports of pain and limitations with their daily activities. There are many psychosocial reasons for symptom magnifiers, including physical dysfunction/deconditioning, beliefs, poor coping mechanisms and fear of movement and re-injury (see our March newsletter for more information). Then there are the malingerers. Another popular perception goes something like "they work harder to avoid work than just going back to work".

The DSM-IV-TR describes malingering as an intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives, such as financial compensation, avoiding work, obtaining drugs, getting a lighter criminal sentence, or simply to attract attention or sympathy.

Malingerers report symptoms that are inconsistent with physiological or anatomical mechanisms, or have findings that do not correlate with subjective complaints. Often times, their complaints are bizarre, absurd, and non-injury related. They may have unusual responses to treatment that cannot be otherwise explained (e.g. unusual reactions to medications). They are non-compliant with evaluations or treatment or may be compliant with only passive treatment and report that no treatment is helpful. They may complain that their condition is worsening but will rarely seek a second opinion, consent to diagnostic tests or request a change in treatment. The suspicion for malingering is strongly present in people with litigation cases, irregular employment or job dissatisfaction, prior injury claims, or antisocial personality traits.

A review of literature cites the occurrence of malingering anywhere from 1% to 40% among injured workers. It is difficult to make the determination of malingering. Other emotional conditions should be considered including somatoform disorders, conversion disorders, or pain disorders associated

with psychological factors, but malingering is not a mental disorder. It is a voluntary decision to feign their true abilities.

We all have an obligation to identify the behaviors we encounter that may assist in reducing the amount of time and money that is spent on “treating” the symptoms of the malingerer. We need to observe and report those incidences that are considered red flags:

- Change in behavior when employee knows they are being observed.
  - Gets out of car and walks toward office easily but is limping and demonstrating pain behaviors when entering office
- Laughing and participating in animated conversation but suddenly changes demeanor when asked about pain or injury
  - Grimacing and frequently moving in chair when reporting symptoms but smiling and sitting quietly when talking about their grandchildren
- Reports every symptom possibly associated with a disorder but not consistent with injury mechanism
  - Citing a list of symptoms, even obscure symptoms, such as would be noted during an internet search
- Becomes agitated when confronted, yet no objective physical evidence of reported symptoms are noted such as joint edema, muscle wasting or skin changes. Or they may suddenly demonstrate ability to do a task that was previously reported as limited
  - Able to open a door requiring 25 lbs/force but later unable to move an object requiring 5 lbs/force

Clinicians should carefully evaluate the overall clinical situation to determine whether signs of malingering are present. Confronting a malingerer can be an uncomfortable task for some but acknowledging that you cannot find a treatable condition consistent with the injury/illness and relating that to the worker is necessary to provide documentation as to why no further intervention is warranted.

*-Submitted by Julie Dubas, OTR/L, Functional Evaluator at Job Ready Services*

## **JULY WEBINAR – REDUCING WORK DISABILITY: RTW AND SAW PROGRAMS**

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**Job Ready Services**

**Tuesday, July 16, 2013    Time: 1:00pm - 2:00pm    Cost: FREE**  
**Credits Approved:** CCM (1 hour); Dept of Insurance (General Insurance – 1 hour)  
**Speaker:** Debra Lord, PT, President of Job Ready Services

To Register: <http://www.jobreadyservices.net/index.php/education/lunch-and-learns-seminars/>

### **UPCOMING EVENTS:**

**Independence Day** – July 4<sup>th</sup> – Job Ready office closed  
**NCALGESO conference** – July 24 in Wilmington – Visit the Job Ready booth!  
**Wilmington Safety School** – July 25-26 – Debra Lord, Speaker (“Reducing Disability from Hire to Retire”)

**REMEMBER: Job Ready has staff certified in Ergonomic Assessments and Job Analyses.** Call us if you need help with:

- Determining accurate physical demands of a job (which can be added to your existing job descriptions)
- Determining causality factors included in repetitive trauma/strain injuries
- Providing job-specific, relevant training for existing employees to prevent sprains/strains on the job (Think about including us in your next Safety Meeting!)
- Identifying modifications that will prevent injuries or cumulative trauma
- Facilitating a safe return to work for those employees with restrictions